

State of Connecticut

GENERAL ASSEMBLY



PERMANENT COMMISSION ON THE STATUS OF WOMEN

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**Testimony of
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Associate Legislative Analyst
The Permanent Commission on the Status of Women
Before the
Program Review and Investigations Committee
Tuesday, March 1, 2005**

In Support of:

**HB 6790, AA Implementing the Recommendations of the Legislative Program
Review and Investigations Committee Relative to the Medicaid Eligibility
Determination Process**

Good afternoon Senator Crisco, Rep. Sharkey and members of the Committee. My name is Natasha Pierre and I am the Associate Legislative Analyst for the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in favor of HB 6790. I am speaking on behalf of the PCSW and the Connecticut Women's Health Campaign which we convene and co-chair.

We are strongly in favor of expedited Medicaid eligibility for pregnant women because we know that prompt, comprehensive pre-natal care is essential for the health of mothers and newborns. Section 1 (b) of this proposal requires the use of a state-defined expedited process, which has been in place for some time and is more favorable than the federal rules for all types of health care for pregnant women. Therefore, we support the continuation of this policy, as reflected in lines 8 through 15. However, we are concerned about the proposal to create a two-tiered system to determine eligibility, as described in lines 15 through 22, distinguishing between "emergency" and "non-emergency" applications. In practice, pregnant women with emergencies (e.g. potential miscarriage, pre-term labor, etc.) who seek medical care at a hospital ER, will receive the care they need. But pregnant women with other medical emergencies that require, for example, medication such as an antibiotic, may find themselves arguing with a

pharmacist about whether they should be considered under the emergency or non-emergency rule.

The two-tier system sets up a 24-hour approval process for emergency situations and a five-day approval process for non-emergency situations. We believe that this process creates another set of decision-making and rules for hospitals, doctors, pharmacies, and patients, and is unnecessary. The current 48-hour system works well for the most part and has only begun to fail because of substantial budget cuts to Healthy Start and other Department of Social Services (DSS) staff reductions. When these programs are appropriately staffed, they are able to assist individuals to complete the application process.

We believe the best solution is to keep the system simple with uniform applications and rules, and fund staff appropriately so the system works. Therefore, we strongly support the goal of Section 5, which would provide funding for DSS to hire additional eligibility determination employees.

We also support the goal of Section 2(k), which would develop a system to allow applicants to complete applications on-line, and further expedite the process.

Thank you.

